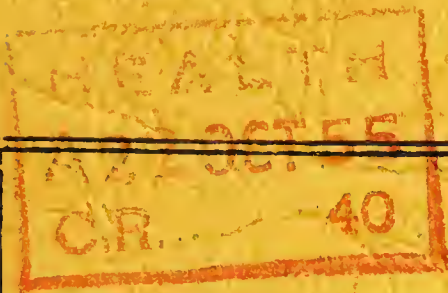


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Urban District of Rothwell

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

SANITARY INSPECTOR

(T. WILSON, Cert. S.I.B., A.R.San.I., M.S.I.A.,
A.M.I.P.C.)

1954

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Urban District of Rothwell

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

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ROTHWELL URBAN DISTRICT COUNCIL

ANNUAL HEALTH REPORT

STATISTICAL MEMORANDA FOR 1954

Area in Acres	...	...	...	...	10,695
Registrar General's Estimate of Population for 1954					24,320
Number of Inhabited Houses, 1954, according to Rate Book					7,896
Rateable Value, Year commencing 1.4.54				...	£117,166
Net Product of Penny Rate, Year commencing 1.4.54					£455

VITAL STATISTICS IN 1954

			<i>M.</i>	<i>F.</i>	<i>Total</i>
LIVE BIRTHS—Legitimate	...	...	176	175	351
Illegitimate	...	...	7	3	10
		Total	183	178	361
STILL BIRTHS—Legitimate	...	...	4	3	7
Illegitimate	...	...	—	—	—
		Total	4	3	7

BIRTH RATE—

Birth Rate (live and still) per 1,000 of the estimated resident population (corrected) ... 15.58

DEATHS—		<i>M.</i>	<i>F.</i>	<i>Total</i>
All Ages	...	219	223	442
*Death Rate per 1,000 of the estimated resident population	...	...	...	18.2
Deaths of Infants under one year	...	10	6	16
Death Rate of Infants under 1 year: —				
All Infants per 1,000 live births	...	...	...	44.3
Legitimate Infants per 1,000 legitimate live births				45.6
Illegitimate Infants per 1,000 illegitimate live births				—
Deaths from Diarrhoea (under 2 years of age)	...			Nil
Rate per 1,000 population	...	...	...	—
Rate per 1,000 live births	...	...	...	—

Deaths from Measles (all ages) ...	...	...	—
Deaths from Whooping Cough (all ages) ...	...	...	—
Deaths from Cancer (all ages) ...	...	...	48

MATERNAL MORTALITY—

Deaths ...	...	...	1
Rate per 1,000 (live and still) births ...	...	...	2,72

*DISTRICT DEATH RATE—

The Death Rate of 18.2 is based on the total number of deaths occurring in the district, including those at St. George's Hospital. The following figures show the District Death Rate, excluding St. George's Hospital.

Chronic sick population at St. George's Hospital ...	268
No. of Deaths occurring during the year in the Hospital ...	174

After subtracting the above from the Urban District figures, the District Death Rate is as follows: —

Crude ...	} 11.14
Corrected ...	

RECORD OF DEATHS IN AGE GROUPS, 1954

Age	District		St. George's Hospital		Total	
	M.	F.	M.	F.	M.	F.
Under 1 year ...	10	6	—	—	10	6
1—5 years ...	1	—	—	—	1	—
5—10 years ...	2	—	—	—	2	—
10—15 years ...	—	—	—	—	—	—
15—20 years ...	1	1	—	—	1	1
20—25 years ...	—	—	—	—	—	—
25—35 years ...	2	1	—	—	2	1
35—45 years ...	2	1	—	—	2	1
45—55 years ...	15	3	3	1	18	4
55—65 years ...	28	11	3	9	31	20
65—70 years ...	20	17	7	11	27	28
70—75 years ...	22	16	10	13	32	29
75—80 years ...	25	26	11	32	36	58
80—85 years ...	25	11	16	25	41	36
85—90 years ...	8	11	5	21	13	32
Over 90 years ...	—	3	3	4	3	7
Totals ...	161	107	58	116	219	223

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1954

	Rothwell Urban District	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admini- strative County	England and Wales
Population . . .	24,320	1,162,000	438,000	1,600,000	*
Births—Males . .	183	8,837	3,657	12,494	*
Females . . .	178	8,203	3,467	11,670	*
Total . . .	361	17,040	7,124	24,164	*
Deaths—Males . .	219	7,667	2,292	9,959	*
Females . . .	223	7,078	2,042	9,120	*
Total . . .	442	14,745	4,334	19,079	*
Deaths under 1 year					
Males . . .	10	287	114	401	*
Females . . .	6	196	80	276	*
Total . . .	16	483	194	677	*
Stillbirths—Males .	4	248	87	335	*
Females . . .	3	217	90	307	*
Total . . .	7	465	177	642	*
Total Live and Stillbirths	368	17,505	7,301	24,806	*

CRUDE RATES

Birth (Live) . . .	14.8	14.7	16.3	15.1	15.2
Death (All causes) .	18.2	12.7	9.9	11.9	11.3
Infective & parasitic dis., excl. tub. but incl. sy- philis and other V.D.	0.08	0.07	0.08	0.08	*
Tuberculosis—Respiratory	0.04	0.18	0.12	0.16	0.16
Tuberculosis—Other .	—	0.01	0.02	0.02	0.02
Tuberculosis—All forms	0.04	0.19	0.14	0.18	0.18
Cancer	1.97	2.12	1.70	2.01	2.04
Vascular lesions of the nervous system . .	6.66	2.03	1.33	1.84	*
Heart and Circulatory .	4.93	4.88	3.64	4.54	*
Respiratory Diseases .	1.93	1.27	1.08	1.22	*
Maternal Mortality .	2.72	0.80	1.10	0.89	0.69
Infant Mortality . .	44.3	28.3	27.2	28.0	25.5
Stillbirths	19.0	26.6	24.2	25.9	23.4

* Figures not available

ROTHWELL URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1954

*To the Chairman and Members of the
Rothwell Urban District Council.*

Mr. Chairman, Ladies and Gentlemen,

In submitting my Annual Report for 1954, I would like, once again, to indicate my intention of conforming to the general scheme used in previous Reports. In general, the statistical evidence with which the Report is mainly concerned, will be found to indicate a continuance of the state of health and sanitary circumstances which, last year, I was able to describe as 'reasonably satisfactory.' Progress is being made in one or two problems which have hitherto been found difficult of solution. In particular, I would refer to Tuberculosis, which, at long last, appears to be yielding to concerted attack.

It is pleasing to record an upward trend in the Birth Rate, and I feel that this trend may not be altogether unconnected with the steadily improving housing conditions.

The Death Rate follows the nation-wide pattern and is as low as can reasonably be expected.

No major outbreak of epidemic disease occurred during the year and the general standard of food hygiene, though by no means perfect, did not give rise to any outbreak of food poisoning.

Mr. Wilson, in his report, will deal with matters relating to Cleansing, Salvage, Meat and Food Inspection, etc. His ready co-operation throughout the year has been one of the more pleasant factors affecting the work of myself and of the health services in general.

My own relations with yourselves have remained of the happiest and I must, once again, express my thanks for the readiness and sympathy with which you have listened to any approaches I have cared to make.

I shall include an account of the Divisional Preventive Medical Services administered by the Local Health Authority. I think I am right in saying that the figures have caused interest in the past, and they certainly give some indication of the very large volume of work being carried out by the Preventive Medical Services in the area.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L TAYLOR,

Medical Officer of Health.

COMMENTS ON STATISTICAL DATA

I have already commented on the increase in the Birth Rate. This, at 15.58 per thousand population, is a considerable improvement on last year's figure of 13.7, and one must express the hope that the improvement will continue.

The Infantile Mortality Rate is extremely disappointing, and although a few extra infantile deaths can make a very big difference to the Mortality Rate in a District with a total of only 361 births per annum, it is impossible lightly to overlook the fact that 7 more infants under one year of age died this year than during 1953. An analysis of the causes of death shows that again many were unavoidable. There is no evidence that in any case death was due to neglect or to the omission of any special care or attention. A glance at the table of Infant Deaths recorded since 1904 will show wide fluctuations from year to year. It is the duty of every Local Authority to analyse the causes leading to infantile mortality, and to do what is possible to remedy any defects, administrative or otherwise, which may come to light. This will be done in your Area and I hope to be able to report a more satisfactory state of affairs next year.

The corrected Death Rate for 1954 was 18.2. Almost all the deaths occurred in the older age groups and again were overwhelmingly due to degenerative conditions associated with old age. Once again it is necessary to point out that your District is debited with the deaths occurring at the chronic sick Hospital of St. George's. I have included these figures separately and given our own Death Rate, relating to inhabitants normally living in the District, of 11.14. This is a satisfactory figure and compares well with the Death Rate for the West Riding as a whole.

One death occurred due to causes associated with pregnancy. For this reason it is classed as a maternal death. The responsible cause was a rare condition giving rise to no symptoms and completely unavoidable. No measure could have been taken, and the death was totally unforeseeable.

Puerperal pyrexia remained a negligible factor.

All in all, the vital statistics disclose a satisfactory state of public health in your District, but one must look forward to an improvement in the infantile mortality figures for 1955.

CAUSES OF DEATH IN THE ROTHWELL URBAN DISTRICT, 1954

Cause of Death	M.	F.	Cause of Death	M.	F.
ALL CAUSES . . .	219	223	28. Nephritis and Nephrosis . . .	1	1
1. Tuberculosis, respiratory . . .	1	—	29. Hyperplasia of prostate . . .	—	—
2. Tuberculosis, other . . .	—	—	30. Pregnancy, childbirth abortion . . .	—	1
3. Syphilitic Disease . . .	—	1	31. Congenital malformations . . .	3	2
4. Diphtheria . . .	—	—	32. Other defined and ill-defined diseases . . .	19	16
5. Whooping Cough . . .	—	—	33. Motor vehicle accidents . . .	2	—
6. Meningococcal infections . . .	—	—	34. All other accidents . . .	—	4
7. Acute Poliomyelitis . . .	—	—	35. Suicide . . .	2	—
8. Measles . . .	—	—	36. Homicide and operations of war . . .	—	—
9. Other infective and parasitic diseases . . .	1	—			
10. Malignant neoplasm—Stomach . . .	4	—	Live Births:—		
11. Malignant Neoplasm—Lung, Bronchus . . .	6	2	Total . . .	183	178
12. Malignant neoplasm—Breast . . .	—	4	Legitimate . . .	176	175
13. Malignant neoplasm—Uterus . . .	—	5	Illegitimate . . .	7	3
14. Other malignant and lymphatic neoplasms . . .	18	9			
15. Leukaemia, aleukaemia . . .	—	—	Stillbirths:—		
16. Diabetes . . .	2	1	Total . . .	4	3
17. Vascular lesions of the nervous system . . .	52	110	Legitimate . . .	4	3
18. Coronary disease, angina . . .	33	14	Illegitimate . . .	—	—
19. Hypertension with heart disease . . .	3	6			
20. Other heart disease . . .	25	23	Deaths of Infants under one year of age:—		
21. Other circulatory disease . . .	9	7	Total . . .	10	6
22. Influenza . . .	1	—	Legitimate . . .	10	6
23. Pneumonia . . .	12	8	Illegitimate . . .	—	—
24. Bronchitis . . .	14	8			
25. Other diseases of the respiratory system . . .	3	1	Population . . .	24,320	
26. Ulcer of Stomach and Duodenum . . .	8	—	Comparability Factors—		
27. Gastritis, enteritis and diarrhoea . . .	—	—	Births . . .	1.03	
			Deaths . . .	1.00	

INFANTILE MORTALITY IN 1954

Deaths from Stated Causes under One year of Age

Cause of Death	Under 1 week	1-2 wks.	2-3 wks.	3-4 wks.	Total under one month	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total under one year
Prematurity . . .	5	-	-	-	5	-	-	-	-	5
Congenital heart disease . . .	-	-	-	-	-	-	-	1	-	1
Broncho-pneumonia . . .	-	-	-	-	-	2	-	-	-	2
Cerebral haemorrhage . . .	2	-	-	-	2	-	-	-	-	2
Cardiac Syncope . . .	-	-	-	-	-	-	1	-	-	1
Acute Bronchitis . . .	-	-	-	-	-	-	-	-	-	-
Asphyxia . . .	-	-	-	-	-	-	-	-	-	-
Multiple congenital abnormalities . . .	1	-	-	-	1	-	-	-	-	1
Kernicterus Erythroblastosis . . .	-	-	-	-	-	-	1	-	-	1
Influenza . . .	-	-	-	-	-	-	1	-	-	1
Hydrocephalus . . .	-	-	-	-	-	1	-	-	-	1
Inferior vena caval thrombosis Congenitally abnormal kidneys . . .	-	-	-	-	-	1	-	-	-	1
Total . . .	8	-	-	-	8	4	3	1	-	16

INFANT DEATHS PER THOUSAND LIVE BIRTHS

1905-1914		1915-1924		1925-1934		1935-1944		1945-1954	
1905	161	1915	125	1925	72	1935	38	1945	51.7
1906	121	1916	85	1926	74.2	1936	57	1946	56
1907	140	1917	142	1927	65	1937	68	1947	49.6
1908	148	1918	84	1928	71.7	1938	65	1948	38.8
1909	112	1919	61	1929	89.3	1939	42.4	1949	52.7
1910	133	1920	83	1930	31	1940	43	1950	35
1911	116	1921	86	1931	72.2	1941	50.8	1951	21.3
1912	58	1922	90	1932	40.9	1942	37.2	1952	31.7
1913	139	1923	82	1933	77.8	1943	42.2	1953	28.3
1914	120	1924	112	1934	50	1944	40	1954	44.4
Average 124.8		Average 95.0		Average 64.4		Average 48.4		Average 40.9	

Details of STILLBIRTHS for the past Five years

Year	No. of Live Births	No. of Still- births	Proportion of Still-births per 100 Live Births
1950	343	5	1.5
1951	328	6	1.8
1952	347	11	3.2
1953	318	10	3.1
1954	361	7	1.9

Details of NEO-NATAL DEATHS for the past Five years

Year	No. of Live Births	No. of Neo- Natal Deaths	Proportion of Neo-Natal Deaths per 100 Live Births
1950	343	8	2.4
1951	328	4	1.2
1952	347	10	2.9
1953	318	7	2.2
1954	361	8	2.2

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

PUBLIC HEALTH OFFICERS

Medical Officer of Health (part-time): —Dr. A. L. Taylor, M.D., D.P.H.

Chief Sanitary Inspector: —T. Wilson, Cert. S.I.B., A.R.San.I., M.S.I.A., A.M.I.P.C., Certified Meat Inspector, Certified Smoke Inspector.

Additional Sanitary Inspectors: —

G. F. Idle, Cert. S.I.B., A.R.San.I., M.S.I.A., Certified Meat Inspector.

K. Manson, Cert. S.I.B., Certified Meat Inspector.

(Resigned 30th September, 1954)

Technical Assistant: —N. Kilburn, A.I.Hsg.

Clerk: —Miss J. Marshall.

The Medical Officer is also appointed to two adjacent County Districts and acts as Divisional Medical Officer for the Local Health Authority in respect of those services administered by the latter.

No change has taken place in the administration of the Part III Health Services, for which the West Riding County Council are responsible. A slight increase in population has brought the figure for the Division with which Rothwell is associated, Division 16, to about 54,000. The Medical Officer of Health, in his capacity as Divisional Medical Officer and School Medical Officer for the West Riding County Council, is responsible for the day to day administration of all the County Health Services throughout the Division, with the exception of the Ambulance Service and the Dental Services. The scheme has continued to function smoothly and represents, in my opinion, a very efficient unit of administration. I can record with pleasure a year of continued close and cordial co-operation between all sections of the Health and Educational community. With an administrative unit of this size, it is possible to know, and to be on terms of friendship with, almost all the individuals in associated branches of medicine, including Hospitals, the general practitioner service, and colleagues in neigh-

bouring Authorities. In addition, I must express my pleasure at the continued good relations which existed with the Divisional Education Officers and the Head Teachers of all the schools in the area. These intangible factors have added enormously to the value of the work carried out and to the free exchange of essential information, without which much of the value of our work would be lost.

I hope you will find interesting the figures relating to the work carried out in the Division. Comparison with previous years will reveal steady progress in many Departments, and I will indicate some of these later in the Report.

REPORT ON THE DIVISIONAL MEDICAL SERVICES ADMINISTERED IN THE URBAN DISTRICT BY THE LOCAL HEALTH AUTHORITY

The Divisional Health Office has continued on the lines of previous years and there has been virtually no change in the administrative staff. Once again I must express my pleasure and satisfaction at the proximity and usefulness of the Central Clinic. This is in daily use for a diversity of public health purposes and is ideally adapted for all the functions which it is called upon to subserve.

The Division is staffed by a Divisional Medical Officer and two Assistant County Medical Officers, mainly concerned with clinical duties in the Ante-Natal, Child Welfare, and School Medical Service. The Domiciliary Nursing Services are staffed by eight Health Visitors, six Midwives and eleven Home Nurses. In addition, the services of a part-time Speech Therapist and a part-time Mental Health Social Worker are available. We were unfortunate in losing the services of Sister Andrews, our part-time Orthopaedic Nurse, who resigned her appointment on leaving the District. It has not been found possible to replace her yet, but I am thankful to say that the good work she did whilst with us seems to have eliminated very largely the need for orthopaedic remedial treatments. A Consultant Paediatrician has a monthly clinic and an Aural Surgeon is available on call.

There was a break in continuity in the Dental Clinic owing to the resignation of the then School Dental Officer. However, another appointment was made and the service has continued to function extremely satisfactorily, with close co-operation all round.

SCHOOL MEDICAL SERVICE. — There are approximately 8,160 school children in the area. The Assistant County Medical Officers are responsible for the school medical inspections, special inspections, and investigation of all children needing special educational provision on health or psychological grounds. Health Visitors perform the duties of School Nurses and much valuable work has been carried out during the year. Here I feel justified in drawing your attention to the fact that there has been a further diminution of cases reported as of “bad nutritional standard.” You will notice that only 0.1% of entrants and 0.2% of the 7 to 8 year age group have been included in this category. Thus the total of all children examined gives only 0.1% as an over-all figure in Category “C” of the nutritional classification. This is an extremely satisfactory state of affairs and is of great significance in reflecting the social conditions prevailing in the area, and the care with which children nowadays are provided with adequate diet and supplementary milk.

There is no delay in obtaining ophthalmic treatment, or the provision of spectacles where necessary. The waiting list for Ear, Nose and Throat operations is now very low and beds continue to be available at Seacroft or at Clayton Hospital.

As already stated, the work of the School Medical Service has been rendered pleasant and much easier as the result of the extremely good relations existing between the Medical and Educational Staffs. In no single instance has there been a failure to understand each other's point of view, and we ourselves have endeavoured to remain mindful of the fact that, in administering the School Medical Services, we are the handmaidens of the Educationists, and that our function is to ensure that every child is as fit as possible, physically and psychologically, to benefit from the educational fare provided.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1954

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)

A. PERIODIC MEDICAL INSPECTIONS.

Number of inspections in the prescribed Groups: —

Entrants	...	...	...	927
7 to 8 year group	...	...	...	439
Last year primary	...	...	...	713
First year secondary	...	...	...	—
Last year secondary	...	...	...	297
*Other periodic	...	...	...	11
				2387

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	59
Number of Re-Inspections	...	...	175
			234

* Other periodic inspections would include regular routine medical inspections falling outside the prescribed groups, e.g., termly or more frequent inspections at special schools.

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspections to require treatment for a defect (excluding Dental Diseases and Infestation with Vermin):

GROUP (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in following Table (3)	Total individual pupils (4)
Entrants . . .	24	138	159
7 to 8 year group .	24	23	47
First year secondary .	—	—	—
Last year secondary .	32	26	56
Last year primary .	54	86	140
Other periodic . . .	—	—	—
Total .	134	273	402

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DEC., 1954

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requir- ing treat- ment	Requiring to be kept under observation but not requiring treatment	Requir- ing treat- ment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	42	27	1	7
5	Eyes—a. Vision ...	134	59	4	1
	b. Squint ...	16	22	2	—
	c. Other ...	9	11	—	—
6	Ears—a. Hearing ...	13	4	1	2
	b. Otitis Media ...	21	12	—	—
	c. Other ...	2	2	1	1
7	Nose or Throat ...	53	158	3	1
8	Speech	3	16	1	5
9	Cervical Glands ...	2	49	—	—
10	Heart and Circulation	8	60	—	2
11	Lungs	34	43	—	2
12	Developmental—				
	a. Hernia ...	3	1	—	—
	b. Other ...	2	4	—	1
13	Orthopaedic—				
	a. Posture ...	13	27	—	—
	b. Flat Foot ...	5	36	—	—
	c. Other ...	23	144	—	—
14	Nervous System—				
	a. Epilepsy ...	1	6	—	—
	b. Other ...	2	18	—	1
15	Psychological—				
	a. Development	7	9	—	3
	b. Stability ...	18	12	—	1
16	Other	23	13	—	3

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN AGE GROUPS.

Age Groups (1)	Number of pupils inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)	No. (7)	% of Col. 2 (8)
Entrants	927	562	60.6	364	39.3	1	0.1
7 to 8 year group	439	315	71.8	123	28.0	1	0.2
Last year primary	713	422	59.2	291	40.8	—	—
First year secondary	—	—	—	—	—	—	—
Last year secondary	297	157	52.9	140	47.1	—	—
Other periodic	11	7	63.6	4	36.4	—	—
Total	2337	1463	61.3	922	38.6	2	0.1

INFESTATION WITH VERMIN

- (i) Total number of examinations in the schools by the school nurses or other authorized persons 14057
- (ii) Total number of *individual* pupils found to be infested 292
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) 6
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) —

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

DISEASES OF THE SKIN (excluding uncleanness)

				Number of cases treated or under treatment during the year	
				By the Authority	Otherwise
Ringworm—	(i) Scalp	...	...	—	—
	(ii) Body	...	...	—	—
Scabies	...	...	...	—	—
Impetigo	...	...	...	36	—
Other skin diseases	...	...	...	17	—
Total				53	—

EYE DISEASES, DEFECTIVE VISION AND SQUINT

				Number of cases dealt with	
				By the Authority	Otherwise
External and other, excluding errors of refraction and squint				—	—
Errors of refraction (including squint)	...			—	441
Total				—	441
Number of pupils for whom spectacles were—					
(a) prescribed	...	...		118	—
(b) obtained	...	...		112	—

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

				Number of cases treated	
				By the Authority	Otherwise
Received operative treatment					
(a) for diseases of the ear	...			—	7
(b) for adenoids and chronic tonsillitis	...	...	...	—	56
(c) for other nose and throat conditions	...	...		—	2
Received other forms of treatment				—	1
Total				—	66

ORTHOPAEDIC AND POSTURAL DEFECTS

Number treated as in-patients in hospitals	12	
	By the Authority	Otherwise
Number treated otherwise, e.g., in clinics or out-patient departments	—	—

CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinic	Elsewhere
Number of pupils treated at Child Guidance Clinics	13	—

SPEECH THERAPY

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	41	—

OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	154	—
(b) Other (specify)—		
1. U.V.R.	658	—
2. Surgical	—	22
3. Dermatology	—	4
4. Paediatric	—	35
Total ...	813	61

SCHOOL MEDICAL SERVICE

CONSULTANT E.N.T. SERVICE

CONSULTANT CLINIC.

1. No. of sessions held during the year ... Nil

	Pre-school children	School children
2. No. of individual children seen by Consultant, including those continuing attendance from previous year	—	—
3. No. of (2) above referred for operative treatment ...	—	—
4. No. of children—		
(a) who obtained operative treatment during the year ...	—	—
(b) treated at school clinics ...	—	—
5. Total number of attendances at Consultant clinic ...	—	—

CONSULTANT ORTHOPAEDIC SERVICE

A. CONSULTANT CLINIC.

1 No. of sessions held during year ... 12

	Pre-school children	School children
2. No. of individual patients seen by Consultant, including those continuing attendance from previous year	3	9
3. No. of (2) above—		
(a) referred for operative treatment as short-stay cases only ...	—	2
(b) recommended long-stay hospital school ...	—	—
(c) recommended treatment by orthopaedic nurse or physiotherapist—		
(i) at treatment centres ...	—	—
(ii) domiciliary ...	—	—
4. No. of children who obtained operative treatment during the year ...	—	—
5. Total number of attendances at consultant clinic ...	10	4

B. TREATMENT CENTRES.

1. No. of sessions held during year —

	Pre-school children	School children
2. Total number of patients treated (including cases continuing treat- ment from previous year) ...	—	—
3. Total number of attendances ...	—	—
C. DOMICILIARY TREATMENT.		
1. Total number treated	—	—
2. Total number of visits to patients' homes	—	—
D. APPLIANCES.		
No. of appliances—		
(a) recommended	—	—
(b) obtained	—	—

PAEDIATRIC SERVICE

CONSULTANT CLINICS.

1. Number of sessions held during year 10

	Pre-school children	School children
2. Number of individual patients seen:		
(a) new cases	5	12
(b) cases attending from previous year(s)	11	19
3. Total number of attendances at clinic	28	49
4. Summary of type of defect for which referred: —		
Growth and Development	7	5
Cardiac	1	6
Congenital Abnormality	3	2
Nervous System	1	3
Mental Retardation	2	—
Respiratory	1	3
Constipation	1	—
Rheumatism	—	1
Eneuresis	—	4
Behaviour	—	1
Obesity	—	1
Muscular Dystrophy	—	1
Oesophageal Ulcer	—	2
Papilloedema	—	1
Persistent Headaches	—	1

SPEECH THERAPY

CLINIC.

1. Total number of sessions held during year ... 94

	Stammers	Speech Defects
2. (a) No. of new cases treated during year	6	11
(b) No. of cases already attending for treatment from previous year	7	17
(c) Total No. of cases treated ...	13	28
3. No. of cases discharged during year		
(a) Speech normal	—	10
(b) Unsuitable for treatment ...	—	—
(c) Left school	—	—
(d) By reason of non-attendance ...	—	1
(e) Other reasons	—	2
4. No. of cases awaiting treatment at end of year	—	—
5. No. of visits made to schools ...	—	—
6. No. of home visits	—	—

CHILD GUIDANCE TREATMENT

	Boys	Girls	Total
1. No. of new cases seen during year ...	2	—	2
2. No. of cases continuing attendance from previous year	11	—	11
3. Total number of cases seen during year	13	—	13
4. Total number of attendances made during year for—			
(a) individual interview	17	—	17
(b) group therapy	23	—	23
5. No. of cases recommended for residential treatment in—			
(a) Hostel for Maladjusted Children ...	1	—	1
(b) E.S.N. Special School	2	—	2
(c) Other	—	—	—
6. No. of cases referred to psychiatric opinion	—	—	—
7. No. of cases examined at the particular request of the Magistrates	3	—	3
8. Types of problem for which cases were referred to Child Guidance Clinics—			8
(a) Behaviour	8	—	8
(b) Delinquency	4	—	4
(c) Nervous problems	—	—	—
(d) Eneuresis	1	—	1
(e) Others	—	—	—

DIPHTHERIA IMMUNISATION

A. *Immunisation carried out during the year.*

	Age at final injection							Total
	Under 1	1	2	3	4	5 to 9	10 to 14	
1. Number of children who completed a full course of primary immunisation	356	98	15	10	16	58	19	572
2. Total number of children who were given a secondary or re-inforcing injection (<i>i.e.</i> , subsequent to complete full course)	—	—	—	—	25	368	92	485

B. (a) *Immunisation in relation to Child Population.*

Number of children under 15 years of age who had, at 31st December, 1954, completed a course of Immunisation at any time before that date.

Age at 31.12.54 <i>i.e.</i> , born in year	Under 1 1954	1—4 1953-1950	5—9 1949-1945	10—14 1944-1940	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1950—1954 ...	73	1795	2223	1551	5642
B. 1949 or earlier	—	—	1404	975	2379

(b) *Diphtheria Notifications and Deaths in relation to Immunisation during the year.*

No case of Diphtheria occurred during 1954.

WHOOPING COUGH IMMUNISATION

A. *Immunisation carried out during the year.*

Age at Final Injection	Number of children who completed a full course of immunisation
Under 6 months	5
6 months to one year	265
1—2 years	70
2—3 years	17
3—4 years	18
Total ...	375

B. (a) *Immunisation in relation to Child Population.*

Number of children at 31st December, 1954, who had completed a course of immunisation *at any time before that date.*

Age at 31.12.54 i.e., born in year	Under 1 1954	1 1953	2 1952	3 1951	4 1950	5 1949	6 1948	Total
Number immunised	81	327	304	128	42	39	8	929

(b) *Whooping Cough Notifications and Deaths in relation to Immunisation during the year.*

Notifications			Deaths		
Age at date of notification	No. of cases notified	No. of cases incl. in preceding col. in which child completed full course of immunisation	Age at date of death	No. of deaths	No. of cases incl. in preceding col. in which child completed full course of immunisation
Under 1	9	—	Under 1	1	—
1	5	—	1	—	—
2	11	—	2	—	—
3	13	1	3	—	—
4	14	—	4	—	—
5—9	27	—	5—9	—	—
10—14	—	—	10—14	—	—
Totals	79	1	Totals	1	—

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year 23

DOMICILIARY NURSING SERVICES

HEALTH VISITING. During 1954 there was no change in the staffing position of this branch of domiciliary nursing. As far as the Rothwell area is concerned, there is still a vacancy for at least one additional Health Visitor. The case load carried is an exacting one and the increased scope of the work has added very considerably to the burden borne by each individual nurse. During the year, much emphasis was placed on the need for better co-operation with general practitioners. A meeting was arranged with a group of practitioners in Rothwell and an adjoining area. Many mutual difficulties were ventilated and various suggested improvements in liaison were initiated. As a result, I am happy to say that a much closer working arrangement has been arrived at. Each Health Visitor is now known personally to every general practitioner in the area, and there has been a full and frank exchange of information. The ultimate effect of this will be increasingly felt in years to come and will improve enormously the health and welfare of, more particularly, mothers, young children, school children and aged persons, with whose health and well-being the general practitioner and the Health Visitor are immediately and intimately concerned. I should like to record my appreciation of the cordial atmosphere which has prevailed during all contacts with the general practitioner service. To the Health Visitors, the knowledge that they are valued and trusted members of the medico-social team gives an added impetus to their work and increases greatly their pleasure in the fulfilment of their many functions.

The Health Visitor has continued her responsibility for the care of mothers and young children, the School Medical Service, Ante-Natal clinics, investigation of Infectious Disease, care of the aged, and Tuberculosis visiting. Thus her work can be seen to be comprehensive and to have gained interest and variety in recent years.

HOME NURSING. Here the staffing position is, at the moment, happy. The appointment of the two Relief Home Nurses mentioned last year has proved an enormous access of strength. The case load has been reduced to reasonable proportions and the work has been well in hand throughout the year. A Home Nurse is largely concerned with the welfare of elderly and chronic sick persons. Her work is very much appreciated and by no means the least valuable aspect of it is the pleasure given to elderly bed-ridden patients, who only too rarely have contact with the outside world. Relationships with the family doctors have been most cordial. I am glad to be able to record that, in this area, there has been no instance of friction, and, without exception, the general practitioners have exercised the greatest restraint in calling on the services of the Home Nursing personnel.

MIDWIFERY SERVICE. Some difficulty arose in this branch of domiciliary nursing owing to the unfortunate and prolonged illness of one member of the Midwifery staff. I should like here to acknowledge the courtesy of Dr. Hill, Divisional Medical Officer of Morley, who was kind enough to loan the services of one of his midwives to substitute in the absence of the nurse who was sick. It has not yet been possible to obtain the services of a Relief Midwife. Frequent advertisements have brought no response. The case load carried is not excessive, but when it is realised that the service must be staffed 24 hours a day, every day in the year, it will be seen that holidays, week-ends off, and sick leave all loom increasingly large as obstacles to be surmounted with the barest possible coverage of professional staff. As has been the case for a good number of years, approximately 50 per cent. of all births take place in Maternity Homes or Hospitals. Were it not for this fact, the depleted Midwifery staff would be unable to cope, and even as it is there are times when coverage is difficult. In this field, too, relationships with hospitals and family doctors have remained excellent.

HOME HELP SERVICE. In my last Report I mentioned that it had been necessary to make a re-assessment of many cases to reduce the total number of hours worked. This caused a certain amount of heart-burning, but it has now been found to work very well in practice. Normal custom is to give 3-hour periods of help as against the former 4-hour periods. Consideration of the Home Help table will give some idea of the complexity of this service. Overwhelmingly it is a service of care for the aged and chronic sick. I should like to repeat my statement that it is very much better that elderly people should be maintained in reasonable comfort in their own homes rather than be driven to seek institutional accommodation. I am sorry, however, to have to record the fact that, in certain cases, this belief is apparently not shared by members of the patients' families. By no means infrequently a distressing degree of indifference is displayed concerning the fate of elderly parents by married sons or daughters, who often live within easy reach and frequently are in the enjoyment of extremely adequate family incomes. I have made it my business on more than one occasion to bring to the notice of individuals concerned my opinion of their duties in this sphere. In some cases this has resulted in an increased awareness of responsibility, and has elicited some measure of help. In others, I am sorry to say, no response whatever has been obtained, and sooner than leave the old folk unaided, I have felt it only humane to put in a Home Help. It is my intention to continue to point out to the families the plight into which some elderly relatives are allowed to sink, and it is hoped by this means to ensure that the Home Help Service is utilised

mainly, or entirely, for the assistance of the unfortunates with no near relatives to whom they can turn for help.

It is with pleasure that I can state that almost always the Home Helps form a very strong bond of affection for the members of the households whom they are called upon to assist. Instances occur quite frequently where Home Helps, without hope or expectation of reward, will slip in to see old people over the week-ends, light the fire, prepare a meal, etc.

The Home Help Service is here to stay, and with the ageing of the population must be expected to increase in importance. It is the duty of the community to ensure that it is used justly and economically and that it is not made the excuse for neglect of family or neighbourly duty.

DOMESTIC HELPS

Authorised Divisional Establishment: —

(i) Basic	...	...	...	...	...	23	/24
(ii) From Reserve Pool	...	...	...	...	...	$\frac{1}{2}$	
(iii) Total	...	...	...	...	...	23 $\frac{1}{2}$	/24

Number of Domestic Helps employed at 31st December, 1954:

(i) Whole-time	...	...	...	...	...	—
(ii) Part-time	...	...	...	...	...	46
(iii) Total	...	...	...	...	...	46

Cases provided with Domestic Help during year ended 31st December, 1954: —

	<i>No. of cases</i>	<i>Hours employed</i>
(i) Maternity (including expectant mothers)	38	2,285
(ii) Tuberculosis	2	330
(iii) Chronic Sick, including aged and infirm	205	35,838
(iv) Others	17	1,370
Total	262	39,823

Employment: —

Total No. of hours of all Home Helps employed between 1 Jan. and 31 Dec., 1954 ÷ 2,288 (52 weeks x 44 hours)	No. of Home Helps that could have been employed full time	= 17.4 Home Helps
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VACCINATION AND IMMUNISATION

There is now no hostility towards immunisation against Diphtheria. Even the most sceptical have been forced to the conviction that the protection offered by this measure is real and beneficial. The continued absence, now extending over many years, of Diphtheria from the community, has finally silenced the most vocal doubter. Any failure to have a child immunised is now due to parental apathy. Every effort is made to ensure that all parents are reminded at suitable times of the need to have their children protected. Immunisation has been maintained at a reasonably high level and facilities are readily available either at Local Health Authority clinics or in the surgeries of the family doctors. Complications are unknown and no after-effects whatever are experienced. Throughout the year, reinforcing injections have been given to school children, and the figures given in the tables speak for themselves.

Smallpox vaccination in 1954 was almost entirely confined to children in their first year of life. This is a normal circumstance in the absence of epidemic smallpox. The figures published last year were enormously swollen by those seeking protection as a result of the anxiety caused by an outbreak of Smallpox in a not too distant part of the West Riding. I should like to see every child vaccinated during its first year of life. At the same time, the numbers vaccinated in your area bear very satisfactory comparison with the rest of the County. I would stress, once again, that primary vaccination in infancy carries no risk whatever, leaves no objectionable scar and causes no constitutional upset in the infant

VACCINATION AGAINST SMALLPOX

Number of persons vaccinated or re-vaccinated during the year:

Age at Date of Vaccination	Under 1	1	2—4	5—14	15 or over	Total
Number vaccinated ...	268	3	6	7	15	299
Number re-vaccinated	—	—	—	7	24	31

At last it is possible to form some sort of informed opinion as to the efficacy of Whooping Cough immunisation. It will be noted that, during 1954, a total number of 79 cases of Whooping Cough was notified in this Health Division. Of these, only one child was reported as having completed a full course of immunisation. When it is remembered that of the total child population, rather less than 1,000 have so far been immunised against Whooping Cough, it will be appreciated that very great significance must be attached to the figures. Whooping Cough immunisation has come to stay and is being accepted readily by an increasing number of parents. Here I must express my regret that it is still not possible in this Local Health Authority's area, to give "combined" Whooping Cough and Diphtheria inoculations. This measure would reduce by two the number of injections, and the rather Gilbertian situation exists that whilst all general practitioners are regularly giving combined inoculations, this measure is not allowed in the West Riding clinics. Much discussion has taken place, and one hopes that ultimately combined inoculations will come into universal use.

For a number of reasons it was not found possible during 1954 to begin the B.C.G. Vaccination against Tuberculosis of the 13-14 year old age group children in the schools. The preliminary work was much more involved than was formerly anticipated. However, preliminary spade work was done and vaccination was started early in 1955. The procedure is that where parental consent is given, all children are given a skin test to determine need for vaccination. If the test is negative, the child is vaccinated with B.C.G., and 6 to 8 weeks later is given a second skin test to ensure the success of vaccination. Complications are extremely rare, and are, in any case, of no serious import. In my next report I shall be able to give accurate figures and a more complete account of the practical aspects of vaccination against Tuberculosis.

CLINIC PROVISION IN THE ROTHWELL URBAN DISTRICT

I am sorry to say that no progress has been made in relation to re-opening the Stourton Welfare Clinic. The Day Nursery closed in November, 1954, and it was hoped that some arrangement could be arrived at whereby these premises could be used for clinic purposes. So far, no final decision has been reached, and Stourton mothers needing clinic advice are still compelled to come up to the Rothwell Clinic. At the time of writing, the new Child Welfare Clinic at Thorpe is in being. During 1954, every effort

was made to expedite the provision of clinic facilities at Thorpe, and at long last, early in 1955, the Clinic has been opened. There is a very active community spirit in Thorpe and I am glad that the inhabitants of this village have done so much to help themselves in the matter of clinic provision. Without the active co-operation of the Thorpe Councillors and their friends of the Women's Institute, it is extremely unlikely that any progress would have been made in the provision of suitable clinic premises. I should like to place on record my appreciation of their efforts and my admiration of the never-say-die spirit behind their approach to the problem.

No other change has occurred in the District during the year. Child Welfare Clinics are held weekly at Rothwell, Methley, Oulton and Lofthouse. Attendances are well maintained and Welfare Clinics continue to serve an extremely useful educational purpose. The Oulton Clinic, in particular, as already stated, has experienced a considerable influx of new attenders consequent upon the building of a new housing estate in the village. Ante-Natal Clinics are held twice weekly at Rothwell and once every other week at Methley. There has been very little alteration in the attendance figures, nor can any great variation be anticipated. I have discussed fully, on previous occasions, the causes for this state of affairs. No alarm or disappointment need be felt and there is no suggestion that the fall in attendance at Local Health Authority clinics in any way reflects diminution in the amount of care which is being taken over expectant mothers. Quite the reverse. In fact, I believe that never before have expectant mothers been able to call on such a variety of experienced help and advice. It will be remembered that about half the total births are now taking place in Hospitals or Maternity Homes. In many cases the mothers regularly attend the Outpatient sessions at these Institutions and are given there the necessary ante-natal care and advice. In addition, a number of family doctors are now holding regular sessions at their surgeries, and many regularly visit their patients at home and give the necessary attention.

Relaxation classes have been held at Rothwell throughout the year and have been moderately well attended. The practice of obtaining blood samples on behalf of family doctors has continued and we have been glad to render this service.

The Ultra Violet Light Clinics are very well attended and are still held three times weekly throughout the year. I would like to repeat my formerly expressed belief in the benefits conferred on certain types of debilitated children. The factors governing these effects are by no means well known, but no one can deny the improvements so manifestly resulting from a period of attendance.

CONSULTANT CLINICS. The Consultant Clinics have continued on the lines established during recent years. Dr. Kirkwood attends two, or sometimes three, days per month, and her work is absolutely up to date. Glasses can now be obtained where necessary with minimal delay. No hitch has occurred and I am glad to be able to express my appreciation of Dr. Kirkwood's efficiency and the zeal with which she approaches her work at Rothwell.

The same may be said for Dr. Pickup, who continues to attend monthly the Consultant Paediatric Clinic. There is an increasing tendency in the area for family doctors to avail themselves of Dr. Pickup's services. For his part, he readily and enthusiastically gives help in any case on which he is approached. Cases admitted to Hospital under his care from this area are given every consideration, and we are indeed fortunate in being able to call upon his services.

Ear, Nose and Throat cases now present no problem. With the provision of additional hospital beds at Seacroft, the former lengthy waiting list for tonsil and adenoid operations has almost melted away. It has been found that the most satisfactory procedure is to refer any case needing special or urgent attention direct to the Aural Surgeons at either Leeds Infirmary or Clayton Hospital. In collaboration with the family doctor, the child is sent along with a special appointment and a letter of introduction. Reports are supplied to the Health Authority and to the family doctor and all necessary treatment is undertaken with minimal delay. As a result of his procedure, it has been found unnecessary to hold regular clinics in the area. Experience convinces me that, under present conditions, the arrangement in force is satisfactory and much more flexible and effective in operation.

The Orthopaedic Nurse resigned her appointment during 1954, on leaving the County. Her loss has been a severe blow, as her regular supervision of remedial exercises undertaken by sufferers from minor orthopaedic defects did much to ensure steady and continued improvement. No substitute appointment has yet been made, and we are endeavouring, as well as we can, to ensure that any remedial exercises ordered by orthopaedic surgeons are carried out under the supervision of Health Visitors. Nowadays, very few serious orthopaedic defects occur. Rickets and deficiency diseases in general are non-existent and only minor and adolescent abnormalities are encountered. Should any case of serious degree arise, the advice and help of the Orthopaedic Surgeon at Pinderfields Hospital are readily available.

There was a short break in the Speech Therapy Service owing to the resignation of the part-time Speech Therapist. Another appointment has since been made and the service is continuing satisfactorily and with very beneficial results. The Speech Thera-

pist is establishing a close liaison with the schools and her services there are being increasingly appreciated.

Maladjusted children visit Dr. MacTaggart at the Child Guidance Clinic at Wakefield. Her reports are comprehensive and regularly forthcoming. It is intended, in the near future, to appoint a County Psychiatrist whose work will complement and widen the scope of the treatment already carried out.

In my sober and considered view, Local Health Authority clinic provision in your area is adequate and is functioning admirably. Relationships with family doctors are of the best and one is happy to record greatly increased interchange of information regarding cases. With the exception of Stourton, no need for additional provision exists in your area.

DAY NURSERY

As expected, Stourton Day Nursery finally closed in November, 1954. By this time attendance had fallen to a very low level and it has only proved necessary to make special arrangements for three children falling into the category of those definitely needing Day Nursery accommodation for special social reasons. Much as one may regret that an institution which has flourished for ten years, and which has been admirably run by a most efficient Matron and Staff, has finally ceased to be, it must be agreed that the closure of the Nursery will represent a considerable saving of money. The cost per child per day worked out at not far short of 10s. 0d. Only 3s. 0d. was charged the parent or guardian, so that it can be readily seen that a 40-place Nursery would represent a very considerable burden on the ratepayer. Thus, its continuance in being could only be justified by real necessity. Changing social circumstances, together with the new policy of the Local Health Authority, under which the Nursery became primarily intended for children in special social categories, rather than as a creche for children whose mothers are in industrial employment, have rendered its continuance unnecessary. I cannot let the occasion pass without expressing my sincere thanks to the Matron and Staff who so loyally and ably ran the Nursery and ensured meticulous and painstaking care of the children under their charge.

AMBULANCE SERVICE

Nothing need be added to previous comment on this Service, which continues to function in a most satisfactory manner. Once again, may I express my appreciation of the spirit of co-operation which exists in all grades of ambulance personnel. Any minor misunderstanding is easily cleared up and, indeed, is of the most rare occurrence. Every effort is made on our part to ensure that no unnecessary use of the service is permitted.

LABORATORY FACILITIES

During the year, Dr. Findlay resigned his post on being transferred to Winchester. His loss is much felt, but we are consoled in the fact that Dr. Little, his successor, has taken over the post and is proving a tower of strength. The laboratory is ever ready to help and advise on problems of bacteriology or pathology and one feels welcome in any approach which is made.

MILK SAMPLES

Under the Food and Drugs Act, milk samples are submitted to the County Analyst at Halifax, as are also samples of foodstuffs and there has been no change in procedure. Samples of water are submitted to the Analyst at Bradford.

HOSPITAL PROVISION

No change has occurred during 1954. The improved admission of chronic sick cases, which I commented on last year, has continued. Dr. Rosenthal, Geriatric Consultant, is most helpful and has brought an enthusiastic spirit into the work of caring for the hospitalised chronic sick. He is ready at all times to pay domiciliary visits in order to assess needs, or to suggest treatment. Rehabilitation of the invalided elderly has proved a very great boon and one frequently finds that after a stay in hospital they are able to return to their homes re-invigorated and able, to a large extent, to look after themselves. At the same time, it is necessary to remember that the general level of the aged and indigent is tending to rise and that the problem will be very much with us for the indefinite future. Co-operation with general practitioners in this field has remained close. Frequent discussions with individual family doctors take place, and liaison between the general practitioner service, the Hospitals and the Local Health Authority, has been satisfactory throughout.

In relation to Infectious Disease, there again has been no change. Seacroft Hospital continues to admit the bulk of cases needing admission. Reports are meticulously furnished, both to the family doctor and to the Local Authority. The same comment applies to Snapethorpe Hospital at Wakefield, to which a few Infectious Disease cases from that end of the Division are sent from time to time. We must indeed consider ourselves fortunately situated in respect to this branch of the Hospital Service.

GENERAL HOSPITALS. No difficulty has been experienced in the admission of acute medical and surgical cases either to Leeds or to Wakefield Hospitals. We are, in addition, fortunate to be near Pinderfields Hospital, which is a foremost centre of Orthopaedic

Surgery in the North of England. Many accident cases from local collieries are admitted to Pinderfields, where treatment is of the most up to date, and results are as satisfactory as can possibly be expected.

The Maternity Home position remains unchanged. No mother needing institutional accommodation fails to obtain it. It remains a disappointment that it has not been found possible to obtain the admission of cases living on the borders of Castleford into Castleford Maternity Home. This has been the subject of persistent approach, but the Hospital Committee have found it necessary to lay down a rigid rule that cases living at this side of the river are not to be admitted. This seems, to the inhabitants in that part of the world, a considerable hardship. The journey by bus to Wakefield, or to Walton Hall, is of very considerable length and some inconvenience in visiting is inevitable. At the same time, our mothers must consider themselves fortunate in that no case is ever refused admittance, and that in Manyates Hospital they have a Maternity Unit giving the most up-to-date obstetrical and surgical facilities. Emergency cases are also occasionally admitted to Leeds Maternity Hospital. The percentage of births taking place in Institutions continues at round about 50 per cent. Apart from the factor already mentioned, my opinion is that Maternity Home and Hospital provision in the area is ample and adequate.

Altogether, I feel that Hospital provision in this area is quite adequate, but that a need exists for careful consideration of future needs in relation to chronic sick accommodation.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE IN THE ROTHWELL URBAN DISTRICT

I am glad to report a very light incidence of Infectious Disease during the year. No epidemic has been experienced and the general picture is of continued freedom from serious infectious disease.

DIPHTHERIA. Once again the district enjoyed complete freedom. As already stated, this is a consequence of the steady rate of immunisation which has been kept up. The price of safety is said to be eternal vigilance, and I should hate to feel that the continued absence of Diphtheria is giving rise to complacency in the minds of parents. Immunisation is the safeguard and must be maintained at all costs at as high a level as possible.

SCARLET FEVER. Only 18 cases of mild Scarlet Fever were notified during the year. This is by far the lowest ever recorded, and amply justifies the newer policy of nursing cases in their own homes. The original fear that this practice would give rise to a largely increased incidence has been proved groundless. Nevertheless, as stated in previous reports, Scarlet Fever is always a potential menace to public health, and the machinery of control must be kept in being lest a more virulent type of disease again become prevalent.

POLIOMYELITIS (INFANTILE PARALYSIS). Two cases occurred in the district during the year. Neither, fortunately, proved fatal, and in both instances complete recovery, without serious residual damage, took place.

PUERPERAL PYREXIA. This is now a rare infection, partly as a result of improved awareness of aseptic needs, and partly due to the introduction of the new antibiotic drugs. Three cases of mild type occurred, and recovery was, in all cases, uneventful and completely satisfactory.

WHOOPING COUGH. 1954 gave a relatively low incidence of this disease, with a total of only 37 cases. One must express the hope that this is not unconnected with the increasing popularity of vaccination against the disease. As stated elsewhere, only one of the 79 cases occurring in the whole Health Division had been immunised against the disease, and that at the relatively late age of 13 years. The future will show whether vaccination against Whooping Cough is as effective as is the comparable protection against Diphtheria, and considerable optimism may be expressed.

MEASLES. 1954 was a year when there was virtually no Measles. Only the very small total of 11 notifications was received. No special comment is necessary.

PNEUMONIA. There was some diminution in the incidence of pneumonia occurring, only 16 cases being notified as against 47 in 1953. It is difficult to offer an explanation of this phenomenon and one can only await future years to decide whether or not pneumonia, as a result of improved health measures, is also likely permanently to be diminished in significance.

FOOD POISONING. Only one case occurred during the year and this was of a very mild type.

SONNE DYSENTERY. Here again, there is virtually nothing to report. Only three notifications were received and there is no indication that any particular prevalence of the disease occurred.

Certainly there was nothing in the nature of an outbreak such as that which was experienced in a school some little time ago. Here again, continued attention to detailed hygiene, particularly in relation to hygiene of toilet and hands in the case of food handlers and canteen workers, must be enjoined. Contact with members of the staffs mentioned leads me to believe that there is an intense awareness of duty and that all canteen workers are genuinely anxious to ensure an avoidance of infection.

ENTERIC FEVER. No case occurred during the year.

VENEREAL DISEASE. So far as my information goes, Venereal Disease has been virtually absent from the community. Confidential reports are received regularly from the Venereologist, and these show that there is no incidence of any significance at all.

HOSPITAL ADMISSIONS. Out of a total of 145 cases of Infectious Disease notified, it was only necessary to seek Hospital admission for 23. This indicates both the mildness of Infectious Disease as a whole and the improving social conditions in the homes which make home nursing a practical possibility.

TUBERCULOSIS

At long last it would appear that real progress is being made in the constant struggle against this disease. Though the total numbers on the register of Pulmonary Tuberculosis even show a slight increase on 1953, the other figures are progressively more reassuring. New cases of pulmonary tuberculosis are almost the lowest on record and only one death occurred from the disease. Further than this, for the first time for very many years, there is now virtually no waiting list for admission to T.B. sanatoria. Indeed, empty beds are available in many sanatoria and the number of children suffering from bone joint and gland disease in a nearby Children's Orthopaedic Hospital has diminished to less than half the capacity of the Hospital. All these results follow on the intensive work which has been devoted to the preventive and curative aspects of the disease by the Chest Physicians, Sanatoria, family doctors and the Local Health Authority. New drugs are proving effective and the introduction of B.C.G. Vaccination to a selected group of children is expected to result in a further diminution.

For various reasons, it was not found possible actually to begin B.C.G. Vaccination of this group of children during 1954. Vaccination of contacts was undertaken as a routine procedure and 27 children were vaccinated in the Health Division. However, all the complicated preliminary detail was completed relating to the vaccination of school children and the work of actual vaccination

started early in 1955. At the suggestion of the Ministry, the age group chosen is the 13-14 year old one. Children are given a short explanatory talk, and letters of explanation, with incorporated consent forms, are taken to the parents or guardians. So far, the consent rate has been high, and I gladly acknowledge the enthusiastic help and support given by Head Teachers of schools. To them is due in no small measure the high rate of acceptance. I will not anticipate next year's report by giving the results so far to hand. Suffice to say that complications have been non-existent and that the children vaccinated have evinced not the slightest discomfort. It is hoped that B.C.G. Vaccination will do much to eliminate the adolescent and early adult type of infection.

Tuberculosis remains the only absolute priority for re-housing in your district. In all cases recommendations by the Health Committee, on my representation, have been sympathetically considered by your Housing Committee. Rest assured that no case is put forward by me without the fullest and most careful investigation of all aspects, medical and social. It is essential that this should be so, and I would personally deplore any extension of the system at present in use. May I express here my thanks to the Housing Committee for the ready response they have made to any urgent representation of mine.

Non-pulmonary tuberculosis, rather disappointingly, gave rise to five notifications. I had hoped that the almost universal use of Pasteurised or T.T. milk would have finally resulted in the elimination of bovine tubercle. However, I think I am justified in echoing the generally held feeling amongst medical authorities that non-pulmonary tuberculosis is finally likely almost to disappear. Certainly one no longer sees the distressing cases of permanent orthopaedic defects which were once an all too common sight in our streets.

INFESTATIONS. Again, no adult case was notified during the year. The School Nurses devoted a very great deal of work to ensuring the diminution of pediculosis in school children. Only a very small number of children, from families well known to us, have become re-infested. Personal visits to the homes were always paid and in a small number of instances it was found necessary to issue warning notices. I should like to repeat my intention of neglecting no means of ensuring that the school population remains uncontaminated by this unpleasant infestation. I think it possible to say that never before has there been such a high level of personal cleanliness in the schools and that the hard core of persistent offenders is gradually, but resolutely, being reduced.

SCABIES. Scabies, once again, was entirely absent from the District as far as could be ascertained.

TUBERCULOSIS

RECORD OF CASES DURING THE YEAR 1954

	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
No. of cases on Register at beginning of year	65	53	14	4
No. of cases notified for first time during year	5	3	—	5
No. of cases restored to Register ...	—	—	—	—
No. of cases added to Register otherwise than by notification	—	3	—	—
No. removed to other Districts ...	3	1	—	—
No. recovered	—	2	1	1
No. died from the disease	1	—	—	—
No. died from other causes	—	—	—	1
No. removed from Register—revised diagnosis	—	—	—	—
No. of cases on Register at end of year	66	56	13	7

NEW CASES AND MORTALITY DURING 1954

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 year ...	—	—	—	—	—	—	—	—
1—5 years ...	—	—	—	—	—	—	—	—
5—10 years ...	—	—	—	—	—	—	—	—
10—15 years ...	—	—	—	—	—	—	—	—
15—20 years ...	—	—	—	—	—	—	—	—
20—25 years ...	—	3	—	—	—	—	—	—
25—35 years ...	—	1	—	2	—	—	—	—
35—45 years ...	3	1	—	—	—	—	—	—
45—55 years ...	—	1	—	1	—	—	—	—
55—65 years ...	1	—	—	1	—	—	—	—
Over 65 years ...	1	—	—	1	1	—	—	—
Age unknown ...	—	—	—	—	—	—	—	—
Totals ...	5	6	—	5	1	—	—	—

TUBERCULOSIS

NEW CASES AND MORTALITY SINCE 1935

YEAR	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1935	11	6	6	—
1936	9	1	7	2
1937	13	11	9	—
1938	18	17	12	5
1939	24	11	10	4
1940	19	3	11	1
1941	22	12	10	2
1942	23	4	11	4
1943	24	7	9	—
1944	21	10	12	2
1945	21	5	11	1
1946	28	9	7	3
1947	16	5	8	—
1948	22	3	11	2
1949	25	2	11	2
1950	27	3	5	2
1951	18	3	8	1
1952	18	1	3	1
1953	15	—	4	—
1954	11	5	1	—

CASES OF NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS (EXCLUDING TUBERCULOIS)

	Under 1 year		1—3 years		3—5 years		5—10 years		10—15 years		15—25 years		25—45 years		45—65 years		Over 65 years		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	1	...	2	1	6	...	3	...	...	...	...	...	...	...	...	8	10
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever (incl. Paratyphoid) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia ...	...	...	...	...	1	2	2	...	...	...	1	...	...	5	3	4	3	5	10	16
Puerperal Pyrexia ...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	3
Acute Anterior Poliomyelitis ...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1	1
Acute Anterior Encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	1	1	1	1	8	2	12	6	1	10	23	20
Whooping Cough ...	2	4	6	4	5	7	4	5	...	...	...	...	...	...	...	...	...	17	20	20
Measles ...	1	1	2	...	...	4	1	2	...	...	...	...	...	...	...	...	...	4	7	7
Sonne Dysentery ...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Food Poisoning ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Total ...	3	5	8	6	9	16	13	12	1	4	2	3	8	9	16	10	4	15	64	80

CASES OF NOTIFIED INFECTIOUS DISEASES (EXCLUDING
TUBERCULOSIS) ADMITTED TO HOSPITAL

DISEASE	No. notified	No. admitted to Hospital
Smallpox 	—	—
Scarlet Fever 	18	5
Diphtheria 	—	—
Enteric Fever (incl. Paratyphoid) ...	—	—
Pneumonia 	26	2
Puerperal Pyrexia 	3	—
Acute Anterior Poliomyelitis ...	2	2
Acute Anterior Encephalitis ...	—	—
Meningococcal Infection 	—	—
Ophthalmia Neonatorum 	—	—
Erysipelas 	43	1
Whooping Cough 	37	1
Measles 	11	2
Sonne Dysentery 	3	—
Food Poisoning 	1	—
Observation 	1	10
Totals ...	145	23

HOUSING

The Housing figures for 1954 show a slight diminution of Local Authority construction, with 102 houses completed as against 116 in 1953. There was, however, a considerable increase in building by other agencies. A Housing Estate of 210 houses built by the National Coal Board was completed during the year at Oulton. In addition, 36 private houses were built for individual owners. Thus a very satisfactory overall total of 348 houses built in the area during the year was achieved. It is true that a considerable number of Coal Board houses have been let to families drawn into the area from other districts. A proportion, however, have become available for our own inhabitants and this plays a part in relieving the demand.

Slum Clearance had not yet got under way at the end of the year. Preliminary surveys have been undertaken and an approximate estimate of the number of houses likely to be dealt with as "slums" has been arrived at. I will go into the figures fully in my next Report. Meanwhile, I can express pleasure at the realistic attitude taken by your Housing Committee. Their decision to allocate no less than 70 new houses a year for the purpose of replacing houses cleared as slums, is a most satisfactory one, and will enable the problem to be tackled within the five years' period suggested by the Ministry.

With housing conditions as they are at present, it has been decided not to include back-to-back houses which are otherwise in reasonable repair. These will, of course, be dealt with at a later date, but in my view cannot reasonably be considered at the present time as slum property.

The doubts I expressed in my last Report regarding the encouragement given by the Housing (Rent and Repairs) Bill, have been borne out by results. The measure appears to me to offer too little inducement to encourage many landlords to take advantage of its provisions. Up to the present time it is difficult to regard, with any degree of optimism, the possible outcome of this statute. Wages and materials continue to rise in cost and the expense involved in the most trivial repairs is often sufficient to swallow up the rents for a very long period. The only benefit which the Act appears to bestow is its recognition that landlords who have maintained their houses in good repair are likely to come off best.

One feature of the Slum Clearance scheme envisaged is the acceptance of the principle of "tidying up" the Urban District. Residual pockets of old property which have been left from previous Clearance schemes have, for many years, been an eyesore and a hindrance to properly planned reconstruction. It is pleasing

to note that you are tackling this problem realistically and are intending to redevelop areas which have for long been an affront to the dignity of the community.

At the time of writing it can be stated that a greatly increased allocation of houses has been agreed by the Ministry, and that within a few years, if all goes well, the housing problem will have been largely solved.

HOUSING STATISTICS, 1954.

Number of dwellinghouses in the District	7896
Number of back-to-back houses included in above	410

1. *Inspection of dwellinghouses during the year: —*

1 (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Act)	1117
--	------

(b) Number of inspections made for the purpose ...	2327
--	------

2 (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations	301
--	-----

(b) Number of inspections made for the purpose ...	472
--	-----

3 Number of dwellinghouses needing further action: —

(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	36
---	----

(b) Number (excluding those in sub-head (3) (a) above) found not to be in all respects reasonably fit for human habitation	Nil
---	-----

2. *Remedy of defects during the year without service of Formal Notice: —*

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	105
---	-----

3. *Action under Statutory Powers during the year: —*

A. Proceedings under Sections 9, 10 & 16, Housing Act, 1936:

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	17
---	----

(2) Number of dwellinghouses which were rendered fit after service of formal notices: —

(a) By owners	8
----------------------	---

(b) By Local Authority in default of owners ...	Nil
---	-----

B. Proceedings under Public Health Acts:

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	177
(2) Number of dwellinghouses in which defects were remedied after service of formal notices:—	
(a) By owners	119
(b) By Local Authority in default of owners ...	4

C. Proceedings under Sections 11 & 13 of Housing Act, 1936:

(1) Number of representations, etc., made in respect of dwellinghouses unfit for habitation	36
(2) Number of dwellinghouses in respect of which Demolition Orders were made	24
(3) Number of dwellinghouses demolished in pursuance of Demolition Orders	4
(4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953 If so, what? One house under Section 10	

D. Proceedings under Section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made	Nil
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenements or rooms having been rendered fit	Nil

NEW HOUSES.

4. Number of new houses provided during the year:—

By the Local Authority:

Permanent type	102
Temporary type	Nil
By Private Enterprise	36
By National Coal Board	210

5. HOUSING ACT, 1949.

Any action in connection with—

(a) Section 4—Advances for purpose of increasing housing accommodation	None
(b) Section 20—Grants to persons other than local authorities for improvement of housing accommodation	None

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY. There is no change in the source and quality of the water supply of the District. This continues to be of very high standard and obtained from neighbouring authorities as follows:

Leeds Corporation	...	...	278,200,000	gallons
Morley Corporation	...	...	26,250,000	„
Wakefield Corporation	...	...	36,848,000	„
Total	...	...	341,298,000	„

Of this quantity, 153,950,000 gallons were used for trade purposes and the balance of 187,348,000 gallons was accounted for by domestic purposes and leakage respectively.

The average daily consumption per head for domestic purposes was 21.10 gallons and for trade purposes 16.90 gallons.

Regular bacteriological examinations and chemical analyses were made throughout the year, samples being taken in all parts of the district. The water is without Plumbo Solvent action. There are no wells in the district and only one standpipe is now in use and this has been moved to a site more immediately adjacent to the house which it supplies.

I give below typical samples of chemical and bacteriological reports on the water:—

<i>Chemical Analysis—</i>						<i>Parts per million</i>
Total solids	...	...	...	...	...	80
Chloride	...	...	...	...	...	26
Total hardness	...	...	...	...	...	44
Lead, Copper, Zinc	...	...	...	...	...	Nil
Iron	...	...	...	...	...	0.16
Free Ammonia	...	...	...	...	...	0.05
Albuminoid Ammonia	...	...	...	...	...	0.09
Nitrous Nitrogen	...	...	...	...	...	Nil
Nitric Nitrogen	...	...	...	...	...	0.36
pH	...	...	...	...	...	7.2

Bacteriological Analysis—

No. of organisms per 1 cc. after 3 days at 20-22°C.	...	...	...	...	...	2
No. of organisms per 1 cc. after 2 days at 37°C.	...	...	...	...	...	15
Presumptive B. Coli (per 100 mls.)	...	...	...	...	...	Less than 1

This water is of good organic and bacteriological quality.

SEWAGE DISPOSAL

The major issue in 1954 has undoubtedly been the sewer at Methley. This has been an extensive and costly undertaking but, by the end of the year, was almost completed.

Preliminary work in regard to the abolition of the old, and almost useless, Methley Sewage Works, with arrangements for disposal of sewage elsewhere, has been undertaken by the Engineer's Department. As stated before, the scheme will be costly and difficult to carry out. Some time must necessarily elapse before the work can be completed. The Council are acutely aware of the need and every effort is being made to press on with the reconstruction.

RIVERS AND STREAMS. The effluent from the old Methley Works is grossly unsatisfactory and will only be put right when the work outlined above is finally completed. Apart from this factor, no other action appears to be necessary and no complaint has been received from the Rivers Board.

CLOSET ACCOMMODATION. PUBLIC CLEANSING. These matters are dealt with in the Sanitary Inspector's Report.

SHOPS AND OFFICES. Routine inspection has been carried out during the year. No statutory action has been found necessary.

CAMPING SITES. See Sanitary Inspector's Report.

SWIMMING BATHS AND POOLS. No public baths in this area.

BED BUG INFESTATION. Very few cases of bed bug infestation now come to light. Routine inspections are carried out in the case of all new occupants of Council houses and of vacant houses which are to be re-occupied. At long last the fruits of routine and expert inspection are being gathered. The use of Gammexane and D.D.T. has also done much to bring about the present state of affairs. In addition, it must be agreed that the general standard of domestic hygiene and cleanliness is steadily rising and that people as a whole are no longer ready to tolerate conditions which, in many houses, were considered normal 20 years ago.

FACTORIES AND WORKSHOPS. Parts 1 and 8 of the Act fall within the scope of administration of this Authority. I give below a table showing particulars of the numbers of Outworkers in this area and it will be noted that no special action has been necessary. Routine inspections have been carried out during the year in respect of Part I of the Act, and again no special action has been necessary.

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH (including Inspections made by Sanitary Inspector)

	No. on Register	Number of		
		In-spections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	1	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	89	15	—	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding Out-workers' premises)	4	—	—	—
Total ...	103	16	—	—

CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered on two, three or more separate occasions,
they should be reckoned as two, three or more cases)

	No. of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable Temperature	—	—	—	—	—
Inadequate Ventilation	—	—	—	—	—
Ineffective Drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
Insufficient	—	—	—	—	—
Not separate for sexes	—	—	—	—	—
Unsuitable or defective	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
TOTAL	—	—	—	—	—

OUTWORK

Nature of Work	No. of Out-workers in August list required by Sec. 110(1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
WEARING APPAREL—						
Making, etc. . . .	—	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile weaving	—	—	—	—	—	—
Total	—	—	—	—	—	—

SANITARY INSPECTION OF AREA

INFECTIOUS DISEASE PREVENTION

Inspections	...	...	...	...	...	...	20
Further Enquiries	...	...	...	...	...	...	0
Disinfections	...	...	...	...	...	...	0
Schools disinfected	...	...	...	...	...	...	0
Miscellaneous visits	...	...	...	...	...	...	0
Scabies visits	...	...	...	...	...	...	0

MILK AND DAIRIES

Inspections of Dairies	...	...	...	...	...	...	7
Milk samples taken	...	...	...	...	...	...	0

FOOD AND DRUGS INSPECTIONS

Meat inspections	...	...	...	...	...	...	132
Bakehouses	...	...	...	...	...	...	13
Food inspections	...	...	...	...	...	...	114
Ice Cream sampling	...	...	...	...	...	...	0
Water sampling	...	...	...	...	...	...	11

HOUSING

Houses inspected and recorded	...	...	...	...	...	...	301
General Surveys	...	...	...	...	...	...	472
Public Health Act Inspections	...	...	...	...	...	...	876
Re-visits	...	...	...	...	...	...	979

OFFENSIVE TRADES

Inspection of Knackers' Yards	...	...	...	...	...	...	0
Inspection of Blood Boiling Premises	...	...	...	...	...	...	0
Inspection of Fat Refining Premises	...	...	...	...	...	...	8

SANITARY MATTERS

Inspections of Verminous Premises	...	...	...	...	...	...	329
Inspections of Rat Infestations	...	...	...	...	...	...	304
Inspections of new drains	...	...	...	...	...	...	68
Smoke observations	...	...	...	...	...	...	36
Inspections re Refuse Removal and Disposal	...	...	...	...	...	...	212
Factories and Workshops	...	...	...	...	...	...	16
Tents, Vans and Sheds	...	...	...	...	...	...	11
Number of Statutory Notices (Housing Act and Public Health Acts)	...	...	...	...	...	...	194
Number of Statutory Notices (Section 17 of the Housing Act, 1936)	...	...	...	...	...	...	0
Number of Nuisances abated on serving Statutory Notice (Public Health Acts)	...	...	...	...	...	...	192

ANNUAL REPORT
OF THE
SENIOR SANITARY INSPECTOR AND
CLEANSING SUPERINTENDENT
for the Year 1954

*Health Department,
Civic Buildings,
Rothwell.*

*To the Chairman and Members of the
Rothwell Urban District Council.*

Ladies and Gentlemen,

I now beg to present my 23rd Annual Report on the work of the Health and Cleansing Departments for the year 1954. As is customary, I will present the report under various headings with special comment to each.

This year has undoubtedly provided opportunity for more and better work than any time since before the last war, and the easing of restrictions, which I commented on last year, has continued, so that we are able to prepare schemes which we hope will in due course be carried to fruition.

HOUSING

Housing is still, as it quite properly should be, the main concern in this department and in this district because one of the essentials in happy urban life is the occupation of suitable and adequate housing accommodation. The Housing Repairs and Rents Act, 1954, provided the means to do two things: (1) to improve existing houses and at the same time provide some slight incentive to the owner for so doing, and (2) to prepare for ultimate disposal those houses which have escaped demolition for so long.

Those of you who have read my reports previously will remember that I have said that the only constructive way to improve property was to provide the owners with the means to do it, and on the face of it, the section of the Rent and Repairs Act which was

devoted to this appeared to make provision for that very thing. Unfortunately, things are not always what they seem, and it became quickly apparent that owners had to spend more money before they could increase rents to what, after all, was the level to which everything else in the country had increased, including Council house rents. The owner of property who in the past years had maintained his houses in a good condition by a small expenditure each year or a big expenditure three or four years ago, was in the position that he could not increase the rent unless he expended money on something which was probably not at all necessary. The owner who had defaulted over the years had merely to carry out painting and one or two other minor repairs and then, subject to the tenants' right of appeal, increase the rents. I have no actual facts to prove this, but I have the feeling that many owners have increased their rents merely by telling the tenants that the increase would take place, which is quite contrary to the Law but served the purpose very well when the tenant was too ignorant of the subject or too apathetic to make further enquiries. In our area, the applications for Certificates of Disrepair, which are the tenants' answer to a proposal to increase the rent, have been confined in the main to one area. Since the passing of the Act, up to date only 33 certificates have been applied for in this area, which shows that either owners are not increasing the rents or that if they are the tenants are satisfied with the state of their houses and the position generally.

The part of the Act which dealt with re-housing is much more helpful and the Council were required to prepare a scheme for dealing with the slums of the district in a period of five years. In this respect, a survey which was made during war time for the purpose of guiding prospective purchasers of houses, stood us in good stead and formed the basis of our new survey. Time did not permit a house to house inspection, even of the known bad houses, but the previous report, coupled with our own knowledge and a certain amount of hard work, enabled us to prepare a scheme for submission to the Ministry in which we were able to say that our problem amounted to 354 houses which the Council considered could be dealt with, that is, by demolition and re-housing, in five years. They have, in fact, granted 70 houses per year for this purpose, which simple arithmetic will show just about covers the problem. In the department we have had our eyes on one or two very obvious areas which were bound to be the first on the list, and we did in fact prepare some of the details necessary for the representation of one of them, so we were able to get away to a flying start early in the first year of the five years' planning. In 1954 we represented 36 houses to be dealt with under Section 11 of the Housing Act, 1936.

The liaison with the Housing Department still continues to be good, and we have a very elastic arrangement which permits our quota to be available or deferred as required. In considering Slum Clearance, we came up against the problem of back-to-back houses, which are a peculiarity of the industrial part of Yorkshire. These houses, built before the end of the last century to cope with the concentration of population due to industrial development, suffer chiefly from two defects: (1) lack of through ventilation, and (2) overcrowding on site. Other than that, they are the equal of many artisan terrace houses.

In my report on re-housing at the end of October, 1954, you will remember I commented that they were a separate problem and should be left out of the Slum Clearance scheme and dealt with as occasion demanded, more particularly by way of improvement grants. The report, which contained this addendum, has been accepted by the Ministry, so presumably they are in agreement with my ideas.

In addition to the work of survey and report, we have still maintained the day to day work necessary to provide the details for the later representation of these houses, and this has been made more difficult by shortage of staff, about which I comment under the heading of "staffing." It must never be forgotten that there is always a considerable amount of work to be done to require the repair of good, and sometimes bad, houses which are the subject of complaint or report to this office, or which are found by the Inspectors in the course of their rounds. When I tell you that no less than 1,177 houses were inspected for defects under the Public Health or Housing Acts, and that 2,327 inspections were made for the purpose, you will realise that this one phase of the Department's work occupies a great deal of time.

We still continue to examine houses, particularly doubtful ones, for which applications are made under the Small Dwellings Acquisition Acts, and from time to time reject these as being insufficient security for the money which the Council might otherwise lend upon them. More recently we are doing similar examinations and costing as well in connection with improvement grants under the Housing Act, 1954.

NUISANCES

During 1954, 489 complaints were received, and arising from these complaints, 1,855 inspections were made for nuisances only. Many of the complaints were in regard to stopped and defective drains, but the balance were complaints of insanitary conditions at houses. The Council still provides a free drain cleansing service

and our department now extend this service to Council houses, a duty which in past years has been administered by the Housing Department. Although subject to abuse and regarded often as a right and not a privilege, the service which we provide is, I am satisfied, the best way of dealing with such problems. In dealing with other nuisances, 596 informal and 215 legal notices were issued, and at the end of the year a balance of 169 and 57 respectively were outstanding.

CARAVANS

In my last report I had quite a bit to say about Caravan Law, and the advice which I had given to you in 1953 on the best way of dealing with the problem. I also told you of an idea which the Health Committee had, that to create a Council owned and controlled camping site might solve our difficulties. This proposal has, however, not met with the general approval of the Council and has been, for the time being at any rate, abandoned.

There was, at the end of 1954, apart from the travelling showmen who congregate on the Feast Ground, Rothwell, for the winter months, only one licenced caravan in the area, and so at the moment in that respect our problems and worries are very small.

REFUSE COLLECTION AND DISPOSAL

This important work has been carried out with the regularity and efficiency which has become to be accepted in this district as a minimum, and although I share some of the approval which this very desirable state of affairs produces, I would say without hesitation that although I may have been responsible for some of the organisation, the credit for the work must go to the Cleansing Staff, and not least the Cleansing Foreman, who day by day, under conditions in turn both arctic and tropical, perform this uninteresting and often malodorous task with such a degree of precision that complaints regarding the service are practically nil and when received are trivial in character.

During this year, 348 new houses were built and numerous ashpits converted to dustbins, but yet the service is still performed with the same number of men and the same amount of vehicles as for some years. It is true the last machine that we put into service is of a larger size, and I hope in future to test and perhaps recommend the Council to purchase a still larger vehicle, which again will meet the increase which building brings about. Overtime is almost unheard of and is occasioned by holidays or bad weather, and it is customary in normal weeks to have the district cleared early on Friday afternoon,

The work of raising the land belonging to the Regional Hospital Board has continued, and we have had a useful central tip, although we have to tip into waterlogged land, which is not altogether satisfactory, as the men can only work from the top of the tip. Our arrangements with a local foundry for a tip for the waste casting sand continues, and we still have the odd load of debris brought from building work and excavations in the area.

During the year, 5,033 motor loads were collected, which were all tipped under strict control, and so far as this Authority is concerned the days of uncontrolled tipping have gone, never to return, and it is perhaps worthy of mention that Authorities who have in the past advocated mechanical separation and incineration are now turning back to controlled tipping.

Salvage continues, although there is no enthusiasm on the part of either the householders or collectors for this work, and I am sure that the bonus which we pay to the men, based on the amount of waste paper collected, does not act in any way as an incentive and is merely regarded as one of the very few "perks" of the job.

Appended is a table giving the weights and values of materials salvaged.

		<i>T.</i>	<i>c.</i>	<i>q.</i>	<i>lbs.</i>	£	<i>s.</i>	<i>d.</i>
Waste Paper ...	...	49	14	0	0	374	8	2
Textiles ...	...		8	2	19	10	8	0
Scrap Metal ...	...	1	12	2	0	7	6	3
						51	15	0 19
						£392	2	5

The cesspool and gully emptier continues to work satisfactorily for us and occupies two-thirds of its time emptying cesspools and the rest in Street Gully emptying.

MAINTENANCE OF VEHICLES

Our Department maintained all the vehicles owned by the Council, and as I told you in my last report, we have at last acquired premises where the work of repair can be performed under decent conditions. The Council had for many years a scheme before them for the erection of a central depot for all purposes, but this was of such magnitude that it was deferred from time to time until eventually, in answer to my oft repeated complaints of the inadequacy of our repair shop, I was authorised to design and construct one suitable for my requirements. I never performed a more enjoyable task, and it was a great pleasure to me to see a building of my own creation rise in the ground at the rear of the Civic Buildings. In April, 1954, this was completed and put into use, so from that moment I was able to face

the mechanics and the world confident of the fact that working conditions were of the standard which the Council might be expected to set. I do not say for one moment that the work will be done more cheaply, and it is quite possible that the present repair shop may have to be extended, but it is true that the work can be done as it should be done.

SEWERS AND DRAINS

In this department we still examine all plans submitted to the Council, for correctness in such matters as fall within our scope, chiefly Sewers and Drains, and we still co-operate with the Building Department and Architects before new schemes of Council or private houses are laid out. All drains and sewers which are newly laid are subject to inspection or test by someone from this department before they are filled in, and the value of this work is shown in the fact that it is very rarely necessary to go back to stoppages or defects in new work.

The trunk sewer at Methley was commenced and the bulk of the work done in the year under review, and it is convenient that I should say here, that by now (July, 1955) all the work is completed and the complaints arising from flooding eliminated, and we are now left with the payment of an expensive scheme spread out over a number of years.

SANITARY ACCOMMODATION

We still continue, where possible, to convert the privies and ashpits belonging to the older houses in the district, where the condition of the house warrants such procedure and where sewer and water supply are available. In one or two cases conversions have been effected and the discharge taken to a septic tank which is in fact a very small sewage works, but in such cases we must have first the co-operation of the owner, as such a scheme cannot legally be enforced, and second, there must be a suitable outfall such as a stream or ditch, which will take the effluent from the septic tank. The advantage in such type of treatment is that the tank only needs emptying at very infrequent intervals, but the use is limited as they can only be installed where ample room is available, and the two referred to were actually constructed at farm premises. 12 W.C.s were provided during the course of the year and in 5 other cases, where it was not possible to convert to water closets, the privies were converted to pail closets which, although far from desirable, are an improvement on the former. The cost of conversions generally ranks for grant from the Council, but dustbins are provided at the cost of the owner and in all 21 dustbins were so provided during the year.

MILK AND DAIRIES

Supplementary and dealers' licences to sell specially designated milk are still granted by this authority, and the appended statement gives the number and type issued during 1954.

<i>Designation</i>	<i>Type of Licence</i>	
	<i>Dealers</i>	<i>Supplementary</i>
Tuberculin Tested (Pasteurised) Milk	3	2
Tuberculin Tested Milk	7	7
Pasteurised Milk	9	8
Sterilized Milk	42	7
	—	—
	61	24
	—	—

With the exception of the odd pint of milk sold loose from farm premises, all the milk produced here goes away and returns after processing and bottling by milk companies outside this area. Very few complaints are received as to either quality or condition of the milk, and the retail delivery is, I think, all that could be desired. Collection of milk from the farms in bulk, however, causes me some thought when I see churns standing for hours on the roadside, waiting for collection and delivery to the processing plants. I think, under summer conditions, the temperature of the milk standing out for collection must be raised to the optimum for the growth of souring bacteria. This is a matter strictly outside my purview, but I feel that if the collection of milk under present conditions is likely to be a permanent scheme as, indeed, seems probable, surely it would be possible to require the construction or some sort of protection for the churns from the 'occasional' summer weather which we get. In conversation with some farmer friends just prior to writing this report, I learned that during the recent heat wave they have had milk returned to them as being unsatisfactory when it reached the pasteurising plant. They were good farmers and clean dairymen, and I wonder whether the conditions rendering the milk unsatisfactory were due to actual production faults or the long wait on the roadside stand. I am also informed that the cost of milk thus wasted is the liability of the producer, although apparently the fault may be that of transport.

There are two premises registered as dairies where the milk is actually handled, but the rest of the premises dealing in milk are not legally dairies because the milk is sold as received in bottles, although the proprietors are registered as dairymen,

MEAT AND FOOD INSPECTION

With the end of meat rationing in sight, we were advised early in 1954 that private slaughtering would again take place and accordingly we were to prepare at very short notice, to licence those Slaughterhouses which were suitable, and refuse those which were not. In 1939 a survey was made of all Slaughterhouses in the area and an inspection was actually made by the Health Committee at that time, but before the recommendations could be put into force, meat control was established, and I assured the butchers that so far as I was concerned no advantage would be taken of the enforced disuse of the Slaughterhouses; so this 1939 report was brought out again and formed the basis for our present day recommendations. We found that it was not desired to re-open certain Slaughterhouses, and I met the butchers in the early days of the year to suggest to them that they should combine their forces and use one Slaughterhouse and this suggestion was adopted with two exceptions—the local pork butcher, whose needs were peculiar, and one butcher who decided to use a Slaughterhouse of his own. All my recommendations with regard to the improvement of the three Slaughterhouses then required were put into effect, a large Slaughterhouse, which was the best in the district, was enlarged to meet the needs of the Butchers' Association, and on July 1st slaughtering was re-introduced after a break of six years.

The Sanitary Inspectors' Association arranged a refresher course on Meat Inspection for those inspectors who had done very little meat inspection during the war years and for some who had qualified in wartime but had never had the chance to practise, which course was taken advantage of by your inspectors, with the approval of the Council. Although for a time meat inspection was an additional duty which had to be fitted into the day's work, by the end of the year it had settled down as routine. During the first weeks of slaughtering, the butchers, who had, like us, got out of practice, bought some rather doubtful stuff, but after that it is only right that I should say the quality of the animals slaughtered is maintained at an unusually high level, and although the rigidity of inspection has not relaxed one iota, a very small proportion of the meat is condemned. The disposal of small quantities of diseased meat can be a problem, but we have a very good arrangement with a Knacker from Leeds who collects at very short notice even small quantities of meat, which are then used for approved purposes. From July 1st to December 31st, which is the period when slaughtering took place, the following animals were slaughtered and in every case inspected: 390 cattle (excluding cows), 33 cows, 901 sheep, 186 pigs.

Arising out of these inspections, 1,239 lbs. of meat and offal was condemned. Additional to this, 56 lbs. of frozen meat and 153 lbs. of various tinned foods were condemned as the result of shop inspections.

Application was made by the Ministry of Food to this Council for the Meat Inspectors also to act as certifying officers for the Dead Weight Bonus Scheme which the Ministry have. This work, which is not very time absorbing, can be performed very easily at the time of inspection, and I undertook to do it.

The biggest task is the enormous amount of paper work that the Ministry require each week, but the Council receive a payment of 6d. per pig certified, and this I think provides some recompense. The alternative would have been that a Grader from Leeds or some other district would have been sent over to certify the pigs presented, and although it is true this would not have been any concern of ours, the cost then would have been out of all proportion to the quantity of pigs to be inspected on any one day.

The inspection of meat did not detract our attention from the ordinary food inspection, and in one instance, where an earwig was discovered in a tin of fruit salad, the manufacturers were prosecuted and a fine of £5 plus costs was imposed, while in another a beetle in a tin of strawberries incurred a fine of £5 15s. The amount of the fine is unimportant to a large firm; it is the publicity which is so damning and therefore so salutary.

As I have commented previously, the few cases where such defects come to light show the high standard which is maintained by food manufacturers, and although it may seem rather unfair to prosecute the odd case which arises, I am convinced of this, that apart from the fact that we have to operate the law as it stands, if we were to relax our efforts in any way standards would deteriorate.

A further case where legal action was instituted was that of a fat refiner who was found to be preparing fat under conditions which were far from hygienic, and proceedings were instituted under the Food and Drugs Act, 1936, for dirty premises, the Court imposing fines amounting to £30.

WATER SUPPLY

There has been no change in the source of water consumed in this district, which comes from neighbouring large undertakings, but samples continue to be taken every quarter covering each supply, and in this way we get a chemical and bacteriological picture of the water from time to time. In all, 11 chemical and 11 bacteriological samples were taken and submitted to the Analyst, and in every case the report was satisfactory.

DISINFECTION AND DISINFESTATION

The Sanitary Inspectors inspect all houses belonging to the Council where a change of tenancy is taking place, and likewise the houses and effects of incoming tenants. In this way a careful control is kept and the result of this is that the number of vermin infested premises is now reduced practically to nil. We also inspect any other houses on request or where our suspicions are aroused and deal with the premises according to our findings. In all 329 inspections were made and 22 premises treated. The reciprocal arrangement with neighbouring authorities continues to our mutual advantage.

SHOPS ACT, 1950

During the year, 14 inspections were made under the Shops Act for health and hygiene, and 36 for hours of closing. No infringements were observed, and I think in this respect Rothwell may be regarded as a law-abiding community.

SMOKE ABATEMENT

36 visits and observations were made during the year but no serious defects were discovered. In one case where an infringement was noted, a talk to the management and a lecture to the boiler house staff resulted in a reduction of the smoke emitted. I still represent the Council on the West Riding of Yorkshire Regional Smoke Abatement Committee and the National Smoke Abatement Society and attend such meetings as time permits or which are of particular interest. It was gratifying to me that the Health Committee took so much interest in the request from the Regional Smoke Abatement Committee to make observations, comments and recommendations to the Committee for their transfer to the Commission dealing with the Beaver Report on the question of Cleaner Air, and I am sure that you will be pleased to know that certain of your suggestions were incorporated by the Regional Committee and in turn were used in the Beaver Report. The result of this work has been the preparation of a Clean Air Bill, which we hope will soon become law.

PUBLIC CONVENIENCES

There have been no alterations or extensions to the Conveniences owned by the Council in the area and these have been maintained as usual, although we still suffer from damage and interference, especially at weekends. It was in past years the custom to employ the attendant on Saturdays and Sundays to clean the Conveniences, but an experiment of cleansing at the end

of the working week and again at the commencement of the next working week was tried and proved quite successful hygienically and, incidentally, a financial saving to the Council. The attendant is, however, detailed to clean down whenever necessary during holiday periods. The gas lighting at Rothwell and Oulton conveniences was, in the early part of 1954, altered to electric lighting with time switches. This provides a better type of lighting, and as the lighting units are in strong bulk head fittings, there is very little danger of wanton damage, and the time switches too provide a precise degree of control for lighting in the evenings.

PUBLIC MORTUARY

The one building which we have, and which is situate in the Council yard, continues to serve the whole district without any trouble. As I commented in my last report, deterioration of the structure is apparent and repairs will be required during 1955.

PREVENTION OF DAMAGE BY PESTS ACT

304 inspections were made during the year, 33 infestations being dealt with in the usual way. The newest poison, "Warfarin," is used mainly, although we use others if the necessity arises, particularly for baiting on tips and other protected places.

STATISTICAL RECORD

Reproduced below is an epitome of the years efforts set out in statistical form which breaks down the work into what I hope are understandable sections and which forms a fitting end to this report.

VISITS AND INSPECTIONS DURING 1954

Bakehouses	...	...	...	...	...	...	13
Cesspools and Septic Tanks	...	...	...	...	...	...	29
Dairies	...	...	...	...	...	...	7
Factories and Workshops	...	...	...	...	...	...	16
Food Examination	...	...	...	...	...	...	246
Food Premises	...	...	...	...	...	...	75
Hairdressers and Barbers	...	...	...	...	...	...	8
Food Hawkers	...	...	...	...	...	...	7
Housing Acts	...	...	...	...	...	...	301
Housing Acts (Re-inspection)	...	...	...	...	...	...	171
Infectious Diseases—Scarlet Fever	...	...	...	...	...	...	20
Mortuaries	...	...	...	...	...	...	1
Offensive Trades	...	...	...	...	...	...	8
Petroleum Storage	...	...	...	...	...	...	21
Pets Act	...	...	...	...	...	...	2

Plant Maintenance	...	...	...	333
Prevention of Damage by Pests Act	...	...	...	304
Public Cleansing Service	...	...	...	212
Public Conveniences	...	...	...	137
Public Health Acts (Re-inspection)	...	...	...	979
Public Health Acts	...	...	...	876
Sanitary Conversions	...	...	...	93
Sewers and Drains Inspected	...	...	...	383
Sewers and Drains Tested	...	...	...	68
Shops Act	...	...	...	14
Shops Act (Hours of Closing)	...	...	...	36
Smoke Abatement	...	...	...	36
Tents, Vans and Sheds	...	...	...	11
Vermin	...	...	...	329
Water Sampling	...	...	...	11
				4747

SUMMARY OF WORKS CARRIED OUT

Ceilings repaired or replastered	...	...	...	22
Walls repaired or replastered	...	...	...	47
Windows repaired or renewed	...	...	...	47
Doors repaired or renewed	...	...	...	18
Fireplaces repaired or renewed	...	...	...	34
Floors repaired or renewed	...	...	...	10
Sinks renewed	...	...	...	21
Sink waste pipes repaired or renewed	...	...	...	7
Washing coppers renewed	...	...	...	3
Food Stores repaired or altered	...	...	...	1
Roofs repaired	...	...	...	64
Chimney Stacks repaired	...	...	...	13
Eaves gutters repaired or renewed	...	...	...	33
Rainwater pipes repaired or renewed	...	...	...	20
Walls repaired or repointed	...	...	...	26
Water services repaired or renewed	...	...	...	1
Paving repaired or relaid	...	...	...	1
Drains cleared from obstruction	...	...	...	485
Sink waste pipes cleared	...	...	...	4
Drains repaired or renewed	...	...	...	15
Inspection chamber covers renewed	...	...	...	6
Water closets repaired	...	...	...	74
Privy middens and ashpits repaired	...	...	...	1
Sanitary pails renewed	...	...	...	1
Sanitary conversions	...	...	...	11

STAFF

I have to report that in September we lost the services of the second Additional Sanitary Inspector, and I must very respectfully lay the blame for this unfortunate occurrence at the feet of the Council. Earlier in the year, Mr. Idle and Mr. Manson, both of whom are qualified Sanitary Inspectors, made an application for an increase in salary to which they, and I, thought they were, by the terms of the National Joint Industrial Council Award, fully entitled. On the Council's refusal to grant this increase, Mr. Manson left and took service with one of the many Authorities who were willing and eager to secure inspectors by the payment of this increment, which is, after all, merely an acknowledgement of extra competence to discharge the duties of a Sanitary Inspector. To the credit of the Council must be said that the problem was reconsidered on the resignation of Mr. Manson, the salary of Mr. Idle was increased and the increase offered to Mr. Manson, but, having accepted another appointment, he did not see fit to return.

The vacancy was immediately advertised, but such is the shortage of Sanitary Inspectors in the country that only one application was received, this being made due to a misunderstanding, and the applicant cancelled the application on interview. So we were left short of an inspector, and I want the members to appreciate that one inspector out of a total of three is one third of our total resources.

By the end of the year, realising that it was likely to be impossible to recruit a further qualified man, the transfer of a member of the Housing Staff was accepted, and we now have Mr. Kilburn, who is to train as a Sanitary Inspector and, meantime, is helping to the fullest extent of his powers. My own application for an increase in salary, I am pleased to record, received more sympathetic consideration, and you have now placed me on Grade VI A.P.T. (£825-£1000) at the £895 stage, progressing by three April increments to £1000, including all my multifarious duties and offices under the heading of Sanitary Inspector and Cleansing Superintendent. With this increase, I am, for the moment at least, satisfied, and would place on record here my appreciation of your action.

As I have said to the Health Committee, the question of staff controls the amount of work done, but if the work increases as it has done in the past twelve months, and seems likely to do in the future, it may be that I shall have to ask for still further assistance. The clerical staff is the same but the increase in work often overtaxes our clerical resources.

In conclusion, Mr. Chairman and Members, I commend this report to you for your information and consideration, and in doing

so would again sincerely repeat my appreciation and thanks for the tolerant way in which you regard me.

To the Medical Officer of Health, the Clerk of the Council, and other members of the staff, both senior and junior, with whom I come in daily contact, I would say thank you for their help and co-operation.

I am, Mr. Chairman and Members,

Your obedient servant,

THOS. WILSON,

Sanitary Inspector.

